

50-4 917

18
9-7-01

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | IE NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | h | | 07/30/01 |
| O.I.P.E. CLASSIFIER | | 21 | 8/4/01 |
| FORMALITY REVIEW | AM | 917 | 09-06-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral) ... Canceled A Appeal
÷ Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

12-06-01
5220
07-00-01